

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-008564

DEPARTMENT

FILED

FEB 23 1962

1003

Registrator's No.

1961

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTYb. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN ST. LOUIS, MISSOURILength of stay in 1b  
17 DAYSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION VAH, 915 NO. GRAND AVE.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY Washington

c. CITY OR TOWN RICHWOODS

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)First Middle Last  
HARRISON B. PATTON4. DATE OF DEATH  
Month Day Year  
2/15/625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☒  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
7/12/899. AGE (last birthday)  
72IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
RICHWOODS, MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

THOMAS PATTON

## 13b. MOTHER'S MAIDEN NAME

JANE HULL

## 14. NAME OF HUSBAND OR WIFE

Prudie Patton

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of serv)  
YES WW-I

## 16. SOCIAL SECURITY NO.

17. INFORMANT  
Py 419 Patton Richwoods, Missouri18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RENAL FAILURE

4 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
ARTERIOSCLEROTIC HEART DISEASE WITH PASSIVE CONGESTIVE,  
BRONCHOPNEUMONIAPART III. If deceased was female was there a pregnancy in last 90 days.  
☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. VA III  
Attended the deceased from 1/29/62 to 2/15/62  
Death occurred at 9:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

## 22c. DATE SIGNED

2/15/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal23b. DATE  
2-18-196223c. NAME OF CEMETERY OR CREMATORY  
Prospect Cemetery23d. LOCATION (City, town, or county)  
Lonedell Missouri

(State)

## 24. FUNERAL DIRECTOR

ADDRESS

Casey-Lenox Funeral Home, St. Clair, Mo.

## 25. DATE RECD. BY LOCAL REG.

FEB 16 1962

## 26. REGISTRAR'S SIGNATURE

Loal Smith. M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

\_\_\_\_\_ hereby certifies that the body, whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

*Harvey Kahle*

Licensed Embalmer No. \_\_\_\_\_

*4596*

P. O. Address \_\_\_\_\_

*St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.